

Case Number:	CM14-0028213		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2005
Decision Date:	07/17/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69-year-old female who reported an injury on 02/07/2005 due to continuous trauma, the injured worker complained of chronic lower back pain. The injured worker had a diagnostic procedure of the lumbar facet/medial branch block performed at L4-5 and L5-S1 on 03/27/2013. On 04/10/2013, the injured worker stated definite improvement in pain (greater than 50%) and function. She also stated that her pain scale decreased from 6/10 down to 3/10 for over 4 hours after the injection. By day 3, pain was beginning to increase and returned to baseline. The injured worker has been doing ongoing therapy throughout the years. Massage therapy and acupuncture have provided no relief. On 10/02/2013 electrodiagnostic testing reveals moderate denervation (chronic) in lumbar paraspinals, but no denervation in any extremity muscles tested. The only medication note in request for authorization form dated 12/30/2013 is Flexeril 10mg #80 1 tablet by mouth at bedtime for muscle spasm as needed. As of 01/23/2014 treatment request is lumbar facet denervation, bilateral L4-L5, L5-S1, Pre-op medical clearance to include History and Physical and Labs, and pre-op EKG. The injured worker most recently 02/19/2014 presented with low back pain. Physical examination revealed decreased range of motion extension of the spine. The treatment to date includes lumbar facet joint medial branch block bilateral at L4-L5, L5-S1 on 03/27/2013 and medication. There is no documentation of clinical indication for which routine preoperative tests would be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LUMBAR FACET DENERVATION, BILATERAL L4-5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, RFA.

Decision rationale: The request for Lumbar Facet Denervation, Bilateral L4-L5, and L5-S1 is non-certified. There is documentation of a request for lumbar facet denervation at L4-L5 and L5-S1. In addition, on 03/27/2013 there is documentation of at least one set of diagnostic medial branch blocks, no more than two joint levels will be performed at one time and evidence of a formal plan of additional evidence-base conservative care in addition to facet joint therapy. However, despite documentation of a previous diagnostic facet injection with greater than 50% improvement, there is no documentation of a response of equal to or greater than 70% with diagnostic medial branch block. The California Medical Treatment Utilization Schedule/ American College of Occupation and Environmental Medicine states facet injection are of questionable merit. Official Disability Guideline state that a facet injections are recommended for injured workers with a clinical presentation consistent with facet joint pain .There was a lack of physical examination finding to support the need for an injection at the L4-5 level. There was documentation of a medial branch block done on 03/27/2013; however, the injured worker had some relief she state her pain was back returned to baseline in three days. There was no documentation of what baseline pain and it has been over ten months since the medial branch block was done. Therefore, the request for Lumbar facet denervation is not medically necessary.

PRE- OP EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Op EKG Section.

Decision rationale: The request for Pre-op EKG is non-certified. The Official Disability Guidelines (ODG) do not recommend the needed for a pre-op clearance as the injured worker is not undergoing the proposed procedure. In addition, an EKG would not be required for a radiofrequency ablation as anesthetics are not needed. As such, the request for a pre-op EKG is not medically necessary.

MEDICAL CLEARANCE TO INCLUDE HISTORY AND PHYSICAL AND LABS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Op Clearance Section.

Decision rationale: The request for medical clearance to include History and Physical and Labs is non-certified. The Official Disability Guidelines (ODG) do not recommend the needed for a pre-op medical clearance and/or labs as the injured worker is not undergoing the proposed procedure. In addition, pre-op medical clearance and/or labs would not be required for a radiofrequency ablation as anesthetics are not needed. Therefore, the request for pre-op History and Physical and Labs is not medically necessary.